



SERVICE-SPECIFIC REVENUES AND EXPENSES

**Historical Financial Data for Latest Three Years plus
Projections Through Three Years Beyond Project Completion**

(Use an individual form for each affected service with a
sufficient number of copies of this form to cover entire period,
and fill in the years in the appropriate blanks.)

Year**Amount of Utilization:*****Revenue:**

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE**Expenses:**

Direct Expense

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expense

Depreciation

Interest***

Overhead****

TOTAL INDIRECT**TOTAL EXPENSE****NET INCOME (LOSS):**

* Utilization will be measured in "patient days" in nursing home or hospital beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

** Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

**** Indicate how overhead was calculated.